

## UPDATES JANUARY 1 – JUNE 30, 2009

### EFFECTIVE DATE, JULY 1, 2009

Many of the changes made in the Provider Policy Manual affect specific sections, and those are detailed in the table below. However, some changes have a more global application.

- Definition of **Therapy/Counseling** and **Therapeutic Support**.+ These terms are fully defined in the Glossary, Section 10.
- Requirements for Scopes of Service for each service type (e.g. Foster Care, Residential, Continuum, etc.) now prescribe the minimum amount of service to be provided for therapy/counseling service and/or therapeutic support.
- In several areas, language has been changed to quote **Brian A** requirements. These additions should not result in agency program change but are added for clarity.
- Includes recommendations of CANS and YLS for levels of care and treatment throughout the services.
- Change wording **Scope of Services** in each service to **General Characteristics** and generally adds more information about youth served.

Each agency should review these changes for each contracted service. Changes by section:

Section	Location	Change Made	Reason / Intent
<b>Section One Core Standards</b>			
	I, H - Subcontracting	Information has been added to how to access policy and forms needed for subcontract.	For providers to access the current version of the forms.
	I, S	Notify DCS of change in location/address	Identify provider responsibility and timing requirement.
	III . Contract Program Requirements	This entire section has been re-organized and titles changed. A thorough review should be conducted to orient to new organization.	To reflect chronological order of contract requirements from referral to discharge
	III, H, 3, e	Removed requirement to provide information to female child/youth on toxic shock	Note: Agency licensure or accreditation may require this

		syndrome.	information
		PQT response time to CAPS	To clarify for providers time frames related to PQT reviews
	III, M, 7	A provision has been added regarding the scheduling of CFTMs	To assist with timely CFTMs needed for placement disruption
	III, P Incident Reporting	Reports are now being referred to as Incident Reports. The word %Serious+has been dropped in this section, and throughout the manual Information included under %medication error+ as to how to handle a youth who has refused medication	Consistency  Clarification
	III, R	Attachment 9 regarding education has been updated.	Updated information on education service requirements
	III, W . Appeals	Information has been provided on various appeal procedures for providers.	To ensure providers are aware of agency and client rights, and know how to advocate, if needed.
<b>Section Two Foster Care</b>			
	I, O	Removed USDA board rate guidelines chart. Rates posted on DCS website provider page.	These rates may change during the year. The DCS website will have the most recent.
	II, D, 1 and 2	Requirement is to follow DCS policy 16.4 and document training in web application	Clarification and consistency, documentation
	II, E, 2 and 3	Treatment plans include CANS information	Incorporate CANS strength-based information
	II, F, 4	Use of CANS in treatment planning	Incorporate strength-based information
	II, F, 8	Medication review quarterly	Monitoring of meds
	II, G, 2	Resource parents participate fully in life of foster child including education and extra-curricular experiences	More home-like atmosphere



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		Supportive services to permanency family	Coordination with DCS
		CANS and YLS score included in Education plan	consistency
	II, J, 5	Zero tolerance, alternative education setting	Meeting educational needs of youth
	II, L, 2	Includes CANS and YLS in discharge planning	Continue needed services
	III, A, 2	Special training needs of resource parents	Meet needs of child/youth
	III, B, 1	Documentation of need by licensed health care provider	Define medical needs of child/youth
	III, D	Specialized training for resource parents	Safety
	III, G, 2	Defines responsibility of agency for 24 hour hospital sitter service	Care coordination and coverage
	III, K, 2 and 3	DCS Regional Nurse review and recommendations	Consistency and well-being
	IV, A, 1	Define service needs of youth in Therapeutic Foster Care	Clarification
	IV, C, 3	Recommendation on age of resource parents	New recommendation
	IV, C, 4	Experience of resource parents	Safety and well-being
	V, B, 5	Sharing information regarding youth's delinquent record	Safety and well-being
<b>Section Three Residential Treatment</b>			
	I, A,	Describes services of program	Clarity
	I, B, 2	Community-based	Clarity
	I, B, 8	Out-patient clinical needs	Clarity
	I, F, 2, b	Coordination of counseling/therapy	Clarity
	I, F, 2, c	Provision of therapeutic support	Clarity
	II, A	Describes services included in per diem rate	Clarity for billing
	II, D, 2	Therapy, support and family visits not contingent on child's behavior	Service clarity
	II, E, h, i, j, k	Gives specific numbers, times, lengths of	Agencies will need to carefully review

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		therapeutic support and therapy/counseling and staff qualifications	these specific requirements for each service provision
	II, E, 1, 1.	Face-to-face contact with a physician defined for admission and medication management	To clarify requirements for physician contact and documentati on
	III, A, 6	Details services included in per diem rate	Billing clarification
	III, B, 3, a	Diagnosis by DSM-IV-TR or by clinical presentation	Clarification of admission criteria
	III, D, 2	Agency compliance with DMHDD licensing regulations	Consistency
	III, F, 1, I and j	Frequency of group and individual counseling/therapy	Service components clarified
<b>Section Four Continuums</b>			
	I, G, 5	Face-to-face contacts, <b>revised from 06/01 posting date</b>	Consistency
	II, D, 1 and 2	Therapeutic Support; Counseling/therapy described and required within per diem	Clarification
	III, B, 5, b, c, d	Counseling/therapy provided by qualified staff	Clarification
	III, D	Describes services provided within per diem	Clarification
	III, H, 2	Defines payment of provision of services; community placement vs residential placement	Clarification
<b>Section Five Unique Care, Special Pop, Special Needs</b>			
	I, D	Monitoring is done by DCS	Clarification
<b>Section Six PTC and Detention Centers</b>			
	II, A	Weekly census information is no longer to be sent to CPPP. In formation is now to be sent	Clarification, consistency,

		to Juvenile Justice Coordinator only.	
<b>In-home Services</b>			
	B, 3, b	Minimum face-to-face contacts of 8-16 sessions per month, defines length of visit, <b>changed from 06/01 posting</b> , or as defined by CFTM. Contacts are to be distributed throughout the month, as clinically indicated.	Consistency with Brian A
<b>Section Eight Adoption</b>		None	
<b>Section Nine Attachments</b>			
	Attachment #1 and #2	Deleted names and replaced with department or division within DCS having responsibility for the policy	Consistency
	Attachment # 4	Deleted RHET protocol	Refer to DCS policy only
	Attachment # 6	Updated TENNCare information	
	Attachment #7	Deleted the Resource Parent Training Guide	Refer to DCS policy 16.4 and 16.8
	Attachment # 7	(New) Appeal of CFTM Decision	
<b>Section Ten Glossary</b>		Several minor changes for grammar and consistency; agencies should especially look at therapeutic support and therapy/counseling	Defining for consistency